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SEC 1972 (6-02)

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

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FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEM	PTION L	
Name of Offering (check if this is an amendment and name has changed, and indicate change.)		
Preston Ross, LLC Filing Under (Check box(es) that apply): X Rule 504 X Rule 505 X Rule 506 Section 4(6)	☑ ULOE 〈	
Type of Filing: New Filing Amendment	IX OLOG	EDETHALL A
A. BASIC IDENTIFICATION DATA	7//	
. Enter the information requested about the issuer	SEP	27 700k 3
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Preston Ross, LLC		
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number	(Including Area Code)
2330 West Joppa Road, Suite 106, Lutherville, MD 21093	410-296-3800	
ddress of Principal Business Operations (Number and Street, City, State, Zip Code) f different from Executive Offices) S/A	Telephone Number	(Including Area Code) PROCESSE SEP 2 9 2004 FIALLO NISCO
rief Description of Business		- CSS
Real estate development		SEP 29 2000
	lease specify): iability Company	FINANCIAI
urisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other forcign jurisdiction) GENERAL INSTRUCTIONS	<u>MD</u>	
^r ederal: Vho Must File: All issuers making an offering of securities in reliance on an exemption <mark>under Regulation D o</mark> 7d(6).	or Section 4(6), 17 CFR	230.501 et seq. or 15 U.S.C
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering nd Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be thich it is due, on the date it was mailed by United States registered or certified mail to that address.		
There To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20:	549.	
opies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually hotocopies of the manually signed copy or bear typed or printed signatures.	y signed. Any copies n	ot manually signed must be
formation Required: A new filing must contain all information requested. Amendments need only repo lereto, the information requested in Part C, and any material changes from the information previously suppl of be filed with the SEC.		
iling Fee: There is no federal filing fee.		
tate: his notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for so ILOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Sore to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for ecompany this form. This notice shall be filed in the appropriate states in accordance with state law, his notice and must be completed.	ecurities Administrator the exemption, a fee i	r in each state where sales in the proper amount shall
ATTENTION		
Failure to file notice in the appropriate states will not result in a loss of the federal exappropriate federal notice will not result in a loss of an available state exemption unlefiling of a federal notice.		
		

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9

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| A BASIC IDENTIFICATION DATA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--|
| 2. Enter the information requested for the following:                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Out. |  |
| • Each promoter of the issuer, if the issuer has been organized within the past five years;                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |  |
| • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the i                                                                                                                                                                                                                                                                                                                                                                          | sucr |  |
| Each promoter of the issuer, if the issuer has been organized within the past five years;                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |  |
| Each romation requested for the following:     Each promoter of the issuer, if the issuer has been organized within the past five years;     Each beneficial owner having the power to voto or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.     Each promoter of the issuer is over the vote or disposition of, 10% or more of a class of equity securities of the issuer.     Each general and managing partner of partnership issuers.  Check Box(es) that Apply: |      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |  |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |  |
| Dashess to Residence Address (Mainton and Science, Stry, State, 21p Cools)                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |  |
| Full Name (Last name first, if individual)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |  |
| Business or Residence Address (Number and Street, City, State, Zip Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |  |
| Full Name (Last name first, if individual)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |  |
| Business or Residence Address (Number and Street, City, State, Zip Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |  |
| Full Name (Last name first, if individual)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |  |
| Business or Residence Address (Number and Street, City, State, Zip Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |  |
| Full Name (Last name first, if individual)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |  |
| Business or Residence Address (Number and Street, City, State, Zip Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |  |
| Full Name (Last name first, if individual)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |  |
| Business or Residence Address (Number and Street, City, State, Zip Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |  |
| (Use blank sheet, or copy and use additional copies of this sheet, as necessary)                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |  |

| 7 TI |                                                                            |                               |                                             |                                            | ъ. В., I                                     | NFORMAT                                     | ION ABOU                                    | T OFFER                                      | ŊĞ                                           |                             | 1                                                            |                |                      |
|------|----------------------------------------------------------------------------|-------------------------------|---------------------------------------------|--------------------------------------------|----------------------------------------------|---------------------------------------------|---------------------------------------------|----------------------------------------------|----------------------------------------------|-----------------------------|--------------------------------------------------------------|----------------|----------------------|
| 1.   | Has the                                                                    | issuer sold                   | Lordoes t                                   | he issuer i                                | ntend to se                                  | ell to non-s                                | accredited :                                | invectors is                                 | thic offer                                   | ina?                        |                                                              | Yes            | No                   |
| ••   | 1145 1110                                                                  |                               | , 01 4003 6                                 |                                            |                                              | n Appendix                                  |                                             |                                              |                                              | •                           | ************                                                 |                | X                    |
| 2.   | What is                                                                    | the minim                     | um investn                                  |                                            |                                              |                                             |                                             | _                                            |                                              |                             | ••••••                                                       | \$             | 0.00                 |
|      |                                                                            |                               |                                             |                                            |                                              |                                             | -                                           |                                              |                                              |                             |                                                              | Yes            | No                   |
| 3.   |                                                                            |                               |                                             |                                            | _                                            |                                             |                                             |                                              |                                              |                             |                                                              |                |                      |
| 4.   | commis<br>If a pers<br>or state                                            | sion or sime<br>son to be lis | ilar remune<br>ted is an ass<br>me of the b | ration for s<br>sociated pe<br>roker or de | solicitation<br>erson or age<br>ealer. If me | of purchas<br>ent of a brol<br>ore than fiv | ers in conn<br>ker or deale<br>e (5) person | ection with<br>r registered<br>ns to be list | sales of sed<br>d with the S<br>ded are asso | curities in t<br>SEC and/or | irectly, any<br>he offering.<br>with a state<br>sons of such |                |                      |
| Ful  | •                                                                          | Last name :                   | first, if ind                               | ividual)                                   |                                              |                                             |                                             |                                              |                                              |                             |                                                              |                |                      |
| Bus  | None                                                                       | Residence                     | Address (N                                  | lumber and                                 | 1 Street C                                   | ity State 7                                 | /in Code)                                   |                                              |                                              |                             |                                                              |                |                      |
| 200  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                                    | residence                     | 71441033 (1                                 | dinoci an                                  | a Bireet, C                                  | ny, orace, z                                | sip code)                                   |                                              |                                              |                             |                                                              |                |                      |
| Nar  | ame of Associated Broker or Dealer                                         |                               |                                             |                                            |                                              |                                             |                                             |                                              |                                              |                             |                                                              |                |                      |
| Stat | ates in Which Person Listed Has Solicited or Intends to Solicit Purchasers |                               |                                             |                                            |                                              |                                             |                                             |                                              |                                              |                             |                                                              |                |                      |
|      | (Check "All States" or check individual States)                            |                               |                                             |                                            |                                              |                                             |                                             |                                              |                                              |                             |                                                              |                |                      |
|      | AL<br>IL<br>MT<br>RI                                                       | AK<br>IN<br>NE<br>SC          | IA<br>NV<br>SD                              | AR<br>KS<br>NH<br>TN                       | CA<br>KY<br>NJ<br>TX                         | CO<br>LA<br>NM<br>UT                        | ME<br>NY<br>VT                              | DE<br>MD<br>NC<br>VA                         | DC<br>MA<br>ND<br>WA                         | FL<br>MI<br>OH<br>WV        | GA<br>MN<br>OK<br>WI                                         | MS<br>OR<br>WY | MO<br>PA<br>PR       |
| Ful  | l Name (                                                                   | Last name 1                   | first, if indi                              | ividual)                                   |                                              |                                             |                                             |                                              |                                              |                             |                                                              |                |                      |
| Bus  | siness or                                                                  | Residence                     | Address (ì                                  | Number an                                  | d Street, C                                  | City, State,                                | Zip Code)                                   |                                              |                                              |                             | <del> </del>                                                 |                |                      |
| Nan  | ne of As:                                                                  | sociated Br                   | oker or De                                  | aler                                       |                                              |                                             |                                             |                                              |                                              |                             |                                                              |                |                      |
| Stat | tes in Wh                                                                  | ich Person                    | Listed Has                                  | Solicited                                  | or Intends                                   | to Solicit                                  | Purchasers                                  | <del></del>                                  |                                              |                             |                                                              |                |                      |
|      | (Check                                                                     | "All States"                  | " or check                                  | individual                                 | States)                                      | *************                               |                                             | ·····                                        |                                              | **************              |                                                              | ☐ Al           | l States             |
|      | AL                                                                         | AK                            | AZ                                          | AR                                         | CA                                           | CO                                          | CT                                          | DE                                           | DC                                           | FL                          | GA                                                           | HI             | ID                   |
|      | []L]                                                                       | IN                            | IA                                          | KS                                         | KY                                           | LA                                          | ME                                          | MD                                           | MA                                           | MI                          | MN                                                           | MS             | MO                   |
|      | MT<br>RI                                                                   | NE<br>SC                      | NV<br>SD                                    | NH<br>TN                                   | NJ<br>TX                                     | NM<br>UT                                    | NY<br>VT                                    | NC<br>VA                                     | ND<br>WA                                     | OH<br>WV                    | OK<br>WI                                                     | OR<br>WY       | PA<br>PR             |
| Full |                                                                            | Last name f                   |                                             |                                            |                                              | رنوا                                        |                                             | <u> </u>                                     |                                              |                             | <u> </u>                                                     |                |                      |
|      |                                                                            | Sust manie 1                  |                                             |                                            |                                              |                                             |                                             |                                              |                                              |                             |                                                              |                |                      |
| Bus  | iness or                                                                   | Residence                     | Address (N                                  | Number an                                  | d Street, C                                  | ity, State, I                               | Zip Code)                                   |                                              |                                              |                             |                                                              |                |                      |
| Nan  | ne of Ass                                                                  | sociated Bro                  | oker or Dea                                 | aler                                       |                                              |                                             |                                             |                                              |                                              |                             |                                                              | -              |                      |
| Stat | tes in Wh                                                                  | ich Person                    | Listed Has                                  | Solicited                                  | or Intends                                   | to Solicit                                  | Purchasers                                  |                                              |                                              | ***                         |                                                              |                |                      |
|      | (Check                                                                     | "All States"                  | " or check                                  | individual                                 | States)                                      | •••••                                       | •                                           |                                              | •••••                                        |                             |                                                              | ☐ All          | l States             |
|      | AL<br>IL<br>MT<br>RI                                                       | AK<br>IN<br>NE<br>SC          | IA<br>NV<br>SD                              | AR<br>KS<br>NH<br>TN                       | CA<br>KY<br>NJ<br>TX                         | LA<br>NM<br>UT                              | ME<br>NY<br>VT                              | DE<br>MD<br>NC<br>VA                         | DC<br>MA<br>ND<br>WA                         | FL<br>MI<br>OH<br>WV        | GA<br>MN<br>OK<br>WI                                         | MS<br>OR<br>WY | ID<br>MO<br>PA<br>PR |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

### C OFFERING PRICE NUMBER OF INVESTORS EXPENSES AND USE OF PROCEEDS

|    | Type of Security                                                                                                                                                                                                                                                                                                                                                                            | Aggregate<br>Offering Price | ;        |                | unt Already<br>Sold                  |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------|----------------|--------------------------------------|
|    | Debt                                                                                                                                                                                                                                                                                                                                                                                        | 0.00                        | )        | \$             | 0.00                                 |
|    | Equity                                                                                                                                                                                                                                                                                                                                                                                      |                             |          | \$             | 0.00                                 |
|    | 🔀 Common 🔲 Preferred                                                                                                                                                                                                                                                                                                                                                                        |                             |          |                |                                      |
|    | Convertible Securities (including warrants)                                                                                                                                                                                                                                                                                                                                                 | 0.00                        | <u> </u> | \$             | 0.00                                 |
|    | Partnership Interests                                                                                                                                                                                                                                                                                                                                                                       | 0.00                        | )        | \$             | 0.00                                 |
|    | Other (Specify)                                                                                                                                                                                                                                                                                                                                                                             | 0.00                        | )        | \$             | 0.00                                 |
|    | Total                                                                                                                                                                                                                                                                                                                                                                                       | 0.00                        | _        | \$             | 0.00                                 |
|    | Answer also in Appendix, Column 3, if filing under ULOE.                                                                                                                                                                                                                                                                                                                                    |                             |          |                |                                      |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."                  | Number                      |          | Doll           | ggregate<br>ar Amount                |
|    |                                                                                                                                                                                                                                                                                                                                                                                             | Investors<br>6              |          |                | Purchases                            |
|    | Accredited Investors                                                                                                                                                                                                                                                                                                                                                                        |                             | _        | \$             | 0.00                                 |
|    | Non-accredited Investors                                                                                                                                                                                                                                                                                                                                                                    |                             |          | s              | 0.00                                 |
|    | Total (for filings under Rule 504 only)  Answer also in Appendix, Column 4, if filing under ULOE.                                                                                                                                                                                                                                                                                           | 6                           |          | <b>\$</b>      | 0.00                                 |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.                                                                  | T                           |          | F) - 11        | 1 4                                  |
|    | Type of Offering                                                                                                                                                                                                                                                                                                                                                                            | Type of<br>Security         |          |                | lar Amount<br>Sold                   |
|    | Rule 505                                                                                                                                                                                                                                                                                                                                                                                    | 0.00                        | _        | \$             | 0.00                                 |
|    | Regulation A                                                                                                                                                                                                                                                                                                                                                                                | 0.00                        |          | \$             | 0.00                                 |
|    | Rule 504                                                                                                                                                                                                                                                                                                                                                                                    | 0.00                        |          | \$             | 0.00                                 |
|    | Total                                                                                                                                                                                                                                                                                                                                                                                       | 0.00                        |          | \$             | 0.00                                 |
|    |                                                                                                                                                                                                                                                                                                                                                                                             |                             | _        |                |                                      |
| 4  | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.      |                             |          |                |                                      |
| 4  | securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is                                                                                                                                                                                   | [                           |          | \$             | 0.00                                 |
| 4  | securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.                                                                                                     |                             |          | \$<br>\$       | 0.00                                 |
| 4  | securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees                                                                              | [                           | _        |                |                                      |
| 4  | securities in this offering. Exclude amounts relating solely to organization expenses of the insurer.  The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees                                                                             | [                           | _        | s              | 0.00                                 |
| 4  | securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees  Printing and Engraving Costs  Legal Fees                                    | [<br>[                      |          | \$<br>\$       | 0.00                                 |
| 4  | securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees  Printing and Engraving Costs  Legal Fees  Accounting Fees                   | [                           |          | \$<br>\$<br>\$ | 0.00<br>0.00<br>0.00<br>0.00<br>0.00 |
| 4  | securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees  Printing and Engraving Costs  Legal Fees  Accounting Fees  Engineering Fees | [<br>[<br>[                 |          | \$<br>\$<br>\$ | 0.00<br>0.00<br>0.00<br>0.00         |

|        | E STATE SIGNATURE:                                                                                                                                                                                                                                                                                                                                             | 4.54           |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| 1.     |                                                                                                                                                                                                                                                                                                                                                                | 'o<br><b>⊠</b> |
|        | See Appendix, Column 5, for state response.                                                                                                                                                                                                                                                                                                                    |                |
| 2.     | The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice D (17 CFR 239.500) at such times as required by state law.                                                                                                                                                                  | on Form        |
| 3.     | The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnishe issuer to offerees.                                                                                                                                                                                                                | d by the       |
| 4.     | The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the available of this exemption has the burden of establishing that these conditions have been satisfied. |                |
|        | ter has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the underliced person.                                                                                                                                                                                                          | ersigned       |
|        | Print or Type)  Date  Date                                                                                                                                                                                                                                                                                                                                     |                |
| Pre    | ston Ross, LLC 9/9/64                                                                                                                                                                                                                                                                                                                                          |                |
| Name ( | Print or Type) Title (Print or Type)                                                                                                                                                                                                                                                                                                                           |                |

Managing Member

#### Instruction:

David P. Scheffenacker, Jr.

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

|       |                                |                                           |                                                                                | AI                                   | PENDEX    |                                             |         |                                                                                                    |          |  |
|-------|--------------------------------|-------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------|-----------|---------------------------------------------|---------|----------------------------------------------------------------------------------------------------|----------|--|
| 1     | Intend<br>to non-a<br>investor | 2 I to sell coredited s in State -Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) |                                      | amount pu | 4 f investor and rchased in State C-Item 2) |         | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) |          |  |
| State | Yes                            | No                                        |                                                                                | Number of<br>Accredited<br>Investors | Amount    | Number of<br>Non-Accredited<br>Investors    | Amount  | Yes                                                                                                | No       |  |
| AL    |                                |                                           |                                                                                |                                      |           |                                             |         |                                                                                                    |          |  |
| AK    |                                |                                           |                                                                                |                                      |           |                                             |         |                                                                                                    |          |  |
| AZ    |                                |                                           |                                                                                |                                      |           |                                             |         |                                                                                                    |          |  |
| AR    |                                |                                           |                                                                                |                                      |           |                                             |         |                                                                                                    |          |  |
| CA    |                                |                                           |                                                                                |                                      |           |                                             |         |                                                                                                    |          |  |
| СО    |                                |                                           |                                                                                |                                      |           |                                             |         |                                                                                                    |          |  |
| СТ    |                                |                                           |                                                                                |                                      |           |                                             |         |                                                                                                    |          |  |
| DE    |                                |                                           |                                                                                |                                      |           |                                             |         |                                                                                                    |          |  |
| DC    |                                |                                           |                                                                                |                                      |           |                                             |         |                                                                                                    |          |  |
| FL    |                                |                                           |                                                                                |                                      |           |                                             |         |                                                                                                    |          |  |
| GA    |                                |                                           |                                                                                |                                      |           |                                             |         |                                                                                                    |          |  |
| HI    |                                |                                           |                                                                                |                                      |           |                                             |         |                                                                                                    |          |  |
| ID    |                                |                                           |                                                                                |                                      |           |                                             |         |                                                                                                    |          |  |
| IL    |                                |                                           |                                                                                |                                      |           |                                             |         |                                                                                                    |          |  |
| IN    |                                |                                           |                                                                                |                                      |           |                                             |         |                                                                                                    |          |  |
| IA    |                                |                                           |                                                                                |                                      |           |                                             |         |                                                                                                    |          |  |
| KS    |                                |                                           |                                                                                |                                      |           |                                             |         |                                                                                                    | <u> </u> |  |
| KY    |                                |                                           |                                                                                |                                      |           |                                             |         |                                                                                                    |          |  |
| LA    |                                |                                           |                                                                                |                                      |           |                                             |         |                                                                                                    |          |  |
| ME    |                                |                                           |                                                                                |                                      |           |                                             |         |                                                                                                    |          |  |
| MD    |                                | Х                                         | Equity<br>\$ 0.00                                                              | 6                                    | \$ 0.00   | 0                                           | \$ 0.00 |                                                                                                    | Х        |  |
| MA    |                                |                                           |                                                                                |                                      |           |                                             |         |                                                                                                    |          |  |
| MI    |                                |                                           |                                                                                |                                      |           |                                             |         |                                                                                                    |          |  |
| MN    |                                |                                           |                                                                                |                                      |           |                                             |         |                                                                                                    |          |  |
| MS    |                                |                                           |                                                                                |                                      |           |                                             |         |                                                                                                    |          |  |

| Intend to sell to non-accredited investors in State (Part B-Item 1)  State Yes No No Nounber of Accredited Investors S Nounber of Accredited Investors S Nounber of N |       |                                                                                                                                  |    |  | APP        | ENDIX:                                                                                       |                |        |     |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------------------------------------------------------------------------------|----|--|------------|----------------------------------------------------------------------------------------------|----------------|--------|-----|----|
| State   Yes   No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1     | Intend to sell and aggregate to non-accredited investors in State Type of security and aggregate offering price offered in state |    |  |            | Disqualification<br>under State ULOE<br>(if yes, attach<br>explanation of<br>waiver granted) |                |        |     |    |
| MT NE NE NV NV NH NI NI NM NY NC ND OH CK CR PA RI SC SD TN TX UT VT VA WA WA WA NV NV NV NC ND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | State | Yes                                                                                                                              | No |  | Accredited | Amount                                                                                       | Non-Accredited | Amount | Yes | No |
| NE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | МО    |                                                                                                                                  |    |  |            |                                                                                              |                |        |     |    |
| NV NH NH NJ NM NY NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MT    |                                                                                                                                  |    |  |            |                                                                                              |                |        |     |    |
| NH         NJ           NM         NM           NY         NC           ND         O           OH         O           OK         O           OR         O           PA         O           RI         O           SC         O           SD         O           TN         O           TX         O           VT         V           VA         W           WA         W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NE    |                                                                                                                                  |    |  |            |                                                                                              |                |        |     |    |
| NI NM NM NY NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | NV    |                                                                                                                                  |    |  |            |                                                                                              |                |        |     |    |
| NM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | NH    |                                                                                                                                  |    |  |            |                                                                                              |                |        |     |    |
| NY NC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | NJ    |                                                                                                                                  |    |  |            |                                                                                              |                |        |     |    |
| NC         ND           ND         OH           OH         OH           OK         OH           OR         OH           PA         OH           RI         OH           SC         OH           SD         OH           TN         OH           TX         OH           VT         OH           VA         OH           WA         OH           WV         OH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | NM    |                                                                                                                                  |    |  |            |                                                                                              |                |        |     |    |
| ND         OH           OK         OR           OR         OR           PA         OR           RI         OR           SC         OR           SD         OR           TN         OR           TN         OR           TN         OR           TX         OR           UT         OR           VA         OR           WA         <                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | NY    |                                                                                                                                  |    |  |            |                                                                                              |                |        |     |    |
| OH OK OK OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NC    |                                                                                                                                  |    |  |            |                                                                                              |                |        |     |    |
| OK         OR           OR         OR           PA         OR           RI         OR           SC         OR           SD         OR           TN         OR           TX         OR           UT         OR           VT         OR           VA         OR           WA         OR           WV         OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ND    |                                                                                                                                  |    |  |            |                                                                                              |                |        |     |    |
| OR         PA           PA         RI           SC         SD           TN         TX           UT         VT           VA         WA           WV         WV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ОН    |                                                                                                                                  |    |  |            |                                                                                              |                |        |     |    |
| PA         RI           SC         SD           SD         TN           TX         UT           VT         VA           WA         WA           WV         WO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ок    |                                                                                                                                  |    |  |            |                                                                                              |                |        |     |    |
| RI         SC           SD            TN            TX            UT            VT            VA            WA            WV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | OR    |                                                                                                                                  |    |  |            |                                                                                              |                |        |     |    |
| SC         SD           SD         SD           TN         SD           TX         SD           UX         SD           UT         SD           VT         SD           VA         SD           WA         SD           WV         SD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | PA    |                                                                                                                                  |    |  |            |                                                                                              |                |        |     |    |
| SD         TN           TX            UT            VT            VA            WA            WV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | RI    |                                                                                                                                  |    |  |            |                                                                                              |                |        |     |    |
| TN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SC    |                                                                                                                                  |    |  |            |                                                                                              |                |        |     |    |
| TX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SD    |                                                                                                                                  |    |  |            |                                                                                              |                |        |     |    |
| UT         VT           VT         VA           VA         VA           WA         WV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | TN    |                                                                                                                                  |    |  |            |                                                                                              |                |        |     |    |
| VT VA WA WV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TX    |                                                                                                                                  |    |  |            |                                                                                              |                |        |     |    |
| VA WA WV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | UT    |                                                                                                                                  |    |  |            |                                                                                              |                |        |     |    |
| WA WV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | VT    | -                                                                                                                                |    |  |            |                                                                                              |                |        |     |    |
| wv                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | VA    |                                                                                                                                  |    |  |            |                                                                                              |                |        |     |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | WA    |                                                                                                                                  |    |  |            |                                                                                              |                |        |     |    |
| WI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | wv    |                                                                                                                                  |    |  |            |                                                                                              |                |        |     |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | WI    |                                                                                                                                  |    |  |            |                                                                                              |                |        |     |    |

|       |                                | 2                                                   | 4                                                                                          |                                      |           |                                                 |        |                                                                                                 |    |  |
|-------|--------------------------------|-----------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------|-----------|-------------------------------------------------|--------|-------------------------------------------------------------------------------------------------|----|--|
| 1     | Intend<br>to non-a<br>investor | d to sell<br>accredited<br>as in State<br>d-Item 1) | Type of security<br>and aggregate<br>offering price<br>offered in state<br>(Part C-Item 1) |                                      | amount pu | f investor and<br>rchased in State<br>C-Item 2) |        | Disqualification under State ULO (if yes, attach explanation of waiver granted) (Part E-Item 1) |    |  |
| State | Yes                            | No                                                  |                                                                                            | Number of<br>Accredited<br>Investors | Amount    | Number of<br>Non-Accredited<br>Investors        | Amount | Yes                                                                                             | No |  |
| WY    |                                |                                                     |                                                                                            |                                      |           |                                                 |        |                                                                                                 |    |  |
| PR    |                                |                                                     |                                                                                            |                                      |           |                                                 |        |                                                                                                 |    |  |